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ESPS PEER-REVIEW REPORT

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Science editor: Jing Yu
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is an interesting non-systematic review paper regarding chronic functional constipation. I enjoyed reading it, and basically agree to your opinions. I should be grateful if you could answer my comments shown below. Comments: 1. The title should be changed to "Chronic constipation: Fact and Fiction", because IBS-C is just a part of chronic constipation, which is also pointed out by yourselves stating "many gastroenterologists have serious doubts about clearly separating these two disorders." on page 3. The separation of IBS-C from chronic constipation is proposed only by Rome criteria, and is quite artificial. 2. Regarding the importance of digital rectal examination (DRE) on page 11, it is also important to examine if there is any fecal impaction in the rectum from the view point of chronic constipation management. 3. As for the appropriate usage of laxatives on page 15, lubiprostone should be mentioned and added to "a second line treatment" because it is one of the important non-stimulant laxatives with different mechanisms of action. 4. With regard to the risks by laxatives on page 16, I do not think that "melanosis coli" is the result of "direct mucosal damage". It is just pigmentation of the wall of the colon with lipofuscin, not melanin, in macrophages and has no significant correlation with disease. This is why "pseudo-melanosis coli" is more accurate and

appropriate term. I agree with you that "osmotic laxatives are better than stimulant agents", and stimulant laxatives such as senna which causes pseudo-melanosis coli should be used only on a need to use basis as a rescue. In this sense, the pseudo-melanosis coli should be avoided, but it does not necessarily mean that the pseudo-melanosis coli itself is harmful or pathogenic. If you would like to claim that "melanosis coli" is equivalent with "direct mucosal damage", some evidence should be presented. 5. The Figure 2 regarding the management of chronic constipation should be reformed, emphasizing the importance of differentiation between slow transit constipation (STC) and defecation disorder (DD), because the management between them is basically totally different. For example, "Pelvic floor rehabilitation" is useful for functional DD, but not for STC, and "Colectomy" could be effective for severe STC but is a contraindication for DD.